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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/086,216	02/20/2002	Yaron Mayer	

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CONFIRMATION NO. 7746

FORMALITIES LETTER



OC000000008155288

Date Mailed: 05/20/2002

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Filing Date Granted

This application has been accorded an Application Number and Filing Date. The application, however, is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given **TWO MONTHS** from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a)

The required item(s) identified below must be timely submitted to avoid abandonment:

The application is informal since it does not comply with the regulations for the reason(s) indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- A substitute specification in compliance with 37 CFR 1.52 because:
 - Line spacing on the specification, claims, or abstract is not 1-1/2 or double spaced (See 37 CFR 1.52(b)).
- Substitute drawings in compliance with 37 CFR 1.84 because:
 - drawings contain excessive text. Suitable descriptive legends may be used, or may be required by the Examiner where necessary for understanding of the drawing but should contain as few words as possible (see 37 CFR 1.84(o));

Items Required To Avoid Processing Delays:

The item(s) indicated below are also required and should be submitted with any reply to this notice to avoid further processing delays.

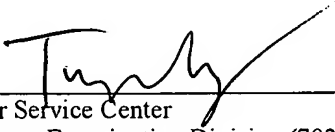
- Additional claim fees of \$888 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$888 for a Small Entity

- Total additional claim fee(s) for this application is \$888
 - \$720 for 81 total claims over 20.
 - \$168 for 5 independent claims over 3.

A copy of this notice MUST be returned with the reply.

A handwritten signature in black ink, appearing to read "T. M. H.", is written over a horizontal line.

Customer Service Center
Initial Patent Examination Division (703) 308-1202

PART 3 - OFFICE COPY